

# MEDICAL AND SURGICAL REPORTER.

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## ORIGINAL DEPARTMENT.

### Communications.

#### COMPOUND, COMMUNICATED, COMPLICATED FRACTURE OF THE SKULL.

BY ELLIOTT COUES, A. M., M. D.,

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A man attempted to stand erect upon the narrow bulustrade of the gallery of a church. Being tipsy, he very naturally lost his balance, and fell a distance of eighteen feet, to the floor, alighting on his head, which struck the edge of one the stairs leading to the pulpit. Blood spouted profusely from the ears, quickly forming a puddle a yard or more in diameter on the floor, where the unfortunate man lay motionless and senseless. He was immediately picked up and carried to the hospital, where I saw him, about fifteen minutes after the accident, in the following condition:

Insensible to mental or corporeal impressions. Skin of normal temperature and appearance. Complete muscular relaxation, lower jaw dropped. Eyes closed, pupils slightly contracted, fixed, not responding to the stimulus of light. No pulse at the wrist, but a fluttering irregular action of the heart could be felt. Respirations about five per minute, not stertorous, but very imperfect, in fact, merely gaspings. A large, well-marked, rounded depression at the left temple, no others to be felt. A trivial cut over the left eye. Much ecchymosis about right eye. The hemorrhage, which had been so profuse, continued in a less degree, and chiefly from the left ear; both arterial and venous blood flowed. Death stood close at hand, deriding surgery, and triumphed in about ten minutes. Just before the scene closed, the pupils heretofore fixed, dilated widely.

Among other indications, the haemorrhage from the ears in particular pointed to the fact, that the case was more than one of simple concussion of the brain, or concussion with compression from the depression just mentioned, and

from extravasted blood. The diagnosis of fracture at the base of the skull, with extensive laceration of vessels at the base of the brain, was clear. It was furthermore plainly to be inferred, from the state of the respiration and of the pupils, that the main impression upon the system, leaving exsanguination out of consideration, had been primarily from concussion, and that the consequences of compression ensued only just before death. The autopsy substantiated each of these points; and beautifully illustrated the extent and nature of the lesions which may be produced in a spheroidal bony shell, as a skull, by mechanical violence exerted primarily upon a single point of its convex surface; as well as the extent and nature of the lesions which may be thereby induced in the soft contents of such a bony globe, as a brain with its vessels and membranes.

On removal of the calvaria, the dura mater was seen to be dark purple in color, from extravasation of blood in such quantity as to distend it and cause it to fluctuate, on manipulation, not unlike an ascitic abdomen. Dissecting to the temporal region, all this blood, heretofore confined, flowed freely through several rents made in the dura mater by spiculae of bone, which had been driven through it into the brain. The vessels of the pia mater were injected, many of them ruptured, and the interstices between the convolutions filled with small clots. The choroid plexus was in similar condition; the serum of the ventricles was tinged with blood, and some small clots floated in it. The brain showed bloody points, and minute clots, all through its substance. The internal carotid was ruptured in its cavernous or petrous portion, or both, and its blood had free exit through the meatus auditorius, the typanum being torn through, and the petrous portion of the temporal bone shattered, as will be more particularly detailed below. The cavernous sinus, or one of the two petrosals, was ruptured, and mingled its blood with that from the artery.

The depression of the skull already mentioned, was at the point of impaction of the head against the stair. The skin was unbroken, but much contused; and the subcumbent temporal muscle

was disintegrated. The squamous portion of the temporal bone was shattered, some of the pieces still remaining nearly *in situ* by mutual periosteal adherence; others wholly detached, and drawn through the dura mater into the brain. A fracture, almost vitreous in cleanliness, began on the left side of the frontal bone, just over the orbit, and curved over the same side of the skull, in a direction nearly parallel with the superior curved border of the squamous temporal, and ended at the petrous temporal; it gaped nearly a tenth of an inch in its whole course. The petrous temporal was shivered to atoms, along its anterior and inferior aspect, from base to apex; the carotid canal was laid open and destroyed, as were also the auditory canals. The left great wing of the sphenoid was so shattered that it could be taken away in pieces nearly to its base. The left malar was detached from all its connections. The left zygoma was of course destroyed. A stellate fracture occupied the whole roof of the left orbit. The left superior maxillary was so shattered that the antrum and nasal cavity were laid open. The inter nasal septum turbinated bones, and most of the ethmoid were smashed. Both pterygoid processes were cracked. The right zygoma was broken across; and the right malar loosened from some of its other connections. The floor and inner wall of the right orbit were fissured; the rent along the former, extending to and around the orbital and oval foramina. The right great wing of the sphenoid remained *in situ*, but was cracked across the middle, the fissure extending into the orbit. There was a partial fracture horizontally across the right squamous temporal. Another complete and much more extensive fracture ran perpendicularly between the squamous and upper part of the mastoid, across the base of the zygoma, into the external auditory meatus, then into the back part of the glenoid cavity, thence to the base of the temporal and along the side of its petrous portion to the apex of the latter. There was some comminution of the petrous along the edges of this fissure. Some of the sutures of the top of the skull seemed loosened, or at least they were more apparent than they usually are in a middle aged individual. The extensive, numerous, and very diverse fractures just enumerated, taken collectively, and independently of the various shatterings of bone, seemed to have almost effected the complete separation of the facial bones from the cranium proper, the inferior maxillary alone excepted. The latter was uninjured.

The points of interest to be noted in this case, as far as the breakage itself is concerned, are the

dispersion of the effects of the mechanical violence over nearly the whole skull, the right side being nearly as extensively fractured, though not so much comminuted, as the left; the number, extent, and diversity of the individual fractures; their collective tendency to split the face from the rest of the skull, and the very remarkable amount of comminution of the hardest bone of the skull, the petrous portion of the temporal. The extent and nature of the haemorrhage, and the other *ante-mortem* phenomena, also merit attention. It is somewhat remarkable that the man was not instantly killed by the fall.

#### PODOPHYLLIN.

By JOS. ADOLPHUS, M. D.,  
Of Hastings, Mich.

In therapeutics as in all other departments of rational science, men's minds are fashioned in conformity to the evidence in the case; but occasionally a little prejudice intervenes and accomplishes an incalculable amount of error and confusion. Podophyllin and calomel have their advocates, their champions, who are too often afflicted with a serious monomania, that prevents them from being good and correct philosophers.

Podophyllin is an agent of vast therapeutic value, as those who have studied its *modus operandi* carefully, are well aware. That it is potent for evil, I am also well persuaded. It is not my intention to compare podophyllin and the mercurials, nor do I design to advocate it as a great therapeutic panacea, but merely to give my experience after using it for these many years.

I have no hesitation in calling it one of the most valuable remedial agents with which I am acquainted. Alone I have found it, in small doses of one-tenth, one-sixth, and one-quarter of a grain, a valuable agent in nearly all forms of intestinal diseases. In most cases of constipation from glandular inactivity of the bowels, I esteem it much. When long continued in one-tenth grain doses, three times a day, it has seldom failed to bring about a cure. Podophyllin is a blood medicine. It is absorbed and really accomplishes what is claimed for it, by its operation on the glandular system.

As a cathartic when administered alone, I have no great preference for it in large doses. It is evident that its acrid irritant qualities in such doses are quite objectionable. It may appear rather singular, that a one-fourth grain dose of podophyllin with one grain of leptandrin, is a more efficient cathartic than two grains of podophyllin administered alone, but such is the fact.

An excellent cathartic pill is made as follows: R. Podophyllin, gr. one-fifth, leptandrin, gr. j., pulv. ipecac, gr. j., ext. hyos., gr. j. These pills I have used ten years, and am thoroughly pleased with their action, never causing griping, tenesmus or tormina. I have used them in dysentery, in the forming stages of fever, for habitual costiveness, for attacks of jaundice, torpidity of the biliary apparatus, etc., with good results. Ipecac. controls the irritant qualities of podophyllin, and makes its operation more mild and pleasant. Podophyllin, in union with quinine and ipecac., makes a very pleasant and effectual cholagogue antiperiodic. R. Podophyllin, gr. one-sixth, quinine, gr. j, ipecac., gr. j. Ft. pil. with gum-water. The podophyllin may be decreased to one-tenth or one-twentieth of a grain, if the pills are to be long continued. The operation of podophyllin on the chylohepatic system is undoubted.

In all cases of functional disturbance of this system, I have gained the best results from it. No combination appears to work so well in my hands as podophyllin, hydrastine and leptandrin. Then, R. Podophyllin, 3i., hydrastine, 3ij., leptandrin, 3j., ext. nuc. vom. alcoholicum, 3ij., mucilage of g. a., q. s. Ft. pil. 110, one pill for a dose. To the gum mucilage a little glycerine should be added, this prevents the pills becoming hard. This formula I have used for many years, and have recommended it to other practitioners, who accord to it all I claim. I suggest that this formula be adopted in the next edition of the U. S. P. As a tonic it has high claims. It is a favorite remedy of mine in all cases, when digestion is poor from fulness of the portal and renal vessels, when the mucous membrane of the stomach and intestines secrete largely thick tenacious mucus, and when the peristaltic powers of the intestines are at fault from hepatic causes or otherwise. In all cases, or nearly all, of glandular enlargement, induced by any of the deranging influences caused by congestion. In hepatitis, after the active stages have passed, and during the progress and the cure of all our paludal forms of fevers, the above pills are an excellent remedy.

But it is as an alterative that I wish to speak of podophyllin. Though for this purpose, I prefer the crude root, the podophyllin pefatum. In all cases of constitutional diseases where an alterative is required, this agent can be used with no small benefit. I cannot refrain from observing here, that so far as the subject is concerned, I must endorse all that Dr. Squinn has said concerning the cinchona, and extend the same ob-

servations to the crude roots and barks, from which all the alkaloids, resins and neutrals are prepared.

Podophyllin and golden-seal are my favorite alteratives. I generally prefer them made by displacement with hot water. My formula is made from the finely powdered roots. Thus:

R. Podophyllin, pulv. 3j., hydrastis canad. pulv. 3iiss., each is mixed up into a stiff paste with cold water, and allowed to stand six hours. Then 3xx. of boiling water are added, and the whole well mixed and kept at a temperature near boiling for six hours; then put into a displacer and add boiling water till 3xx. have run off. This process is slow, because the fine powder allows percolation to proceed slowly. Though I have hastened it by mixing a large quantity, four times the bulk of coarse sand with the powdered roots, which facilitates percolation. To the percolated fluid I add 3xx. of sugar, and 3ij. satr. of cimicifuga racem.; of this I order from one to two tablespoonfuls, three or four times a day. This formula is one of the most active and satisfactory alteratives I know of. I fancy it to be a true tissue changer. I have seen the worst cases of skin diseases, secondary or tertiary syphilis, glandular enlargements, chronic ophthalmia, dyspepsia, etc., yield to it, that have resisted other treatment. Cod oil seems to act more speedily with it. Digestion is greatly promoted, the skin acquires its natural hue and feel, and the secretions soon are restored.

Now I must remark here, that I am not a medicine hobbyist nor a drug lover, but there are certain combinations that seem to do immense good in chronic diseases, to which we become partial, in consequence of having received most excellent results from their use. It is in chronic diseases that drugs do so much good. But here also we have given too much medicine, and have overdone the whole matter.

Podophyllin is a tonic in small doses. No tonic can operate without affecting the nutritive fluids. Quinine enters the blood, and there has been found a substance in that fluid analogous to quinia. I believe all tonics act by imparting to the nutritive fluids something specific, and thereby increasing their molecular life-forces. But podophyllin has, in common with other drugs, been given in too large doses; and made to pass off by the bowels. I know that neither podophyllin nor quinine, given alone, has the same therapeutic effect as when combined. I know that the combination accomplishes far greater good results than either. I often unite morphia with them, and then have the therapeu-

tic operation of the three in a most marked manner. Those who have not used podophyllin with iron, will be surprised when becoming acquainted with the operation of the combination. The former, by its influence over the portal circulation, and its power as a cholitic remedy, readily allows the free absorption of the iron to occur. My usual formula is, R. Podophyllin, gr. x., ferri redact. 3ij., syrup. acaciæ, q. s. Ft. pil. lx. When I desire to add quinine, I generally add gr. ij. to each pill.

Podophyllin and digitalis mutually increase their therapeutic power. I have seen the whole list of diuretics exhausted on a patient in vain, until the one-tenth of a grain of podophyllin was administered a few times. This law is one common to all cholitic drugs, but I am inclined to believe that podophyllin comes under it to a greater extent, while it is free from the evil tendencies of the others of this class.

The power of podophyllin to hasten absorption is illustrated in the following case. A man, addicted to strong drink, had a severe attack of diarrhoea, which was likely to terminate fatally. At the same time he had general anasarca. The treatment adopted by his physician failed to cure the diarrhoea or remove the effusion. I advised podophyllin in one-twentieth-grain doses, rubbed up with sugar. Soon after, his case began to mend, and both symptoms yielded.

Delicate females, who are readily prostrated by cathartics in general, can take the podophyllin and quinine pill to good advantage, even immediately after parturition, or while suffering from lowering diseases. Ipecac. should always be combined with it when we wish to guard against its irritant qualities. Hyoscyamus and ipecac. appear to protect against this, and make it altogether a desirable remedy in all cases.

In BRIGHT's disease of the kidney, podophyllin, ipecac., iron, and quinine, have relieved the serious effusion, increased the quantity of urine, and caused a more perfect elimination of urea. In three cases of this kind, I kept the patients under this formula for seventeen weeks, while they took the cod oil. They were benefited so greatly, that the remedy became their standard medicine. The albumen gradually decreased to a certain point, from which there were occasional fluctuations. Of course, I look to the whole combination as being instrumental in bringing about these pleasing results, while I am confident that no one of the remedies alone would have done so much good.

It may not appear to others that podophyllin is a valuable remedy in infantile diseases, espe-

cially where an alterative is needed. Indeed, I am strongly inclined to the belief that it does, in a remarkable manner, facilitate the action of other alteratives. This seems to be in consequence of its power to facilitate absorption through the portal system, by removing obstructions. But a more extensive view may be taken of its action, from the fact that iron, quinine, and other tonics have their therapeutic value much increased when combined with podophyllin. I have seen children of a scrofulous taint languish under cod oil, glycerine, iron, quinine, etc., until one-twentieth to one-fortieth of a grain of podophyllin was administered two or three times a day; then the good effects of the other medicines would begin to manifest themselves. In other diseases it is of inestimable value. Some are of the opinion that it acts upon the cutaneous surface. Of this I am not prepared to say. I think, however, if the profession would turn more attention to this article, it will be found to be an agent of more varied value than at present reported. The host of liver complaints our people suffer from, are most readily relieved and cured by it in small and repeated doses, especially when combined with ipecac. and leptandrin, guarded by hyoscyamus. When a mild alterative influence is needed in conjunction with tonics, use the podophyllin, stick to it, and you will seldom be disappointed.

The formula is as follows: R. Quin. sulph. 3ss., podophyllin, gr. iv., ferri redacti, gr. xxiv., ipecac. 3j., liquorice root, pulv., 3iiss. Triturate well for ten minutes, and make into twenty-four powders; one three or four times a day.

This prescription was also taken by a woman, who had a tumor in the region of the ovaries, which had been gradually growing for three years. For six months she took the remedy, and now is free from all indications of any tumor.

— Dr. VANZETTI of Padua adds to the already brilliant list of successes in the treatment of surgical aneurism by digital pressure, four remarkable observations. 1. A traumatic aneurism of the palmar arch, of a month and a half duration, cured by digital compression of the brachial artery in thirty minutes, by Dr. VECCELLI, at the Hospital of Treviso. 2. An aneurism of the femoral artery, immediately above HUNTER's canal, cured in less than ten hours by digital compression of the trunk, by Dr. VIGNA, at the Hospital at Venice. 3. An arterio-venous aneurism at the bend of the elbow, treated by induced digital compression of the brachial artery, and direct of the basilic vein, cured on the sixtieth day, under the care of M. FRANZOLINI, at the Hospital of Sacelli.—*Brit. Med. Jour.*

## Hospital Reports.

JEFFERSON MEDICAL COLLEGE,  
October 30th, 1867.

### SURGICAL CLINIC OF PROF. GROSS.

Reported by Dr. Napheys.

#### Excision of Inferior Dental Nerve for Neuralgia.

A. B., ast. 64. This man was operated on nearly five months ago, (vide vol., xvij. p. 99) on account of neuralgia, from which he had suffered violently for three years. Four holes were bored into the lower jaw by means of the trephine, and about two and a quarter inches of the inferior dental nerve removed, with the effect of giving him prompt relief. He had some pain afterwards, but it was not comparable in severity to that which he had previous to the operation; in a short time it subsided, and he has been entirely free from pain to the present day.

#### Stone in the Bladder.

Robert K., ast. 9. He has had some urinary difficulty ever since he was three or four years of age. During the last four weeks it has been increased. There is frequent micturition and also involuntary passage of water. His tongue is clean; appetite good; sleeps well.

The sound was introduced, and a calculus readily detected. The operation of lithotomy will be performed at the next clinic, probably. In the meantime, the boy will be placed on the use of bicarbonate of soda, fifteen grain, ter die, in four tablespoonfuls of water to diminish the irritability of the bladder.

#### Cystic Tumor of the Breast.

Mrs. W., ast. 48. This patient has a tumor of considerable size in the right breast, of four years duration. The nipple is almost effaced, not retracted. At the most prominent portion of the swelling, there is a point of fluctuation. No discoloration of the skin exists, nor any enlargement of the lymphatic ganglions.

The pain is not severe, it does not interfere with her sleep. The breast is very flabby and not adherent.

This is not a case of scirrhus, many of the characteristic features of that affection being wanting. There is no retraction of the nipple; none of that sharp lancinating pain which attends hard cancer; no adhesion to the subjacent structures, which, if it were carcinomatous, ought to exist after four years duration. If the disease were cancer, it ought to be more widely and uniformly diffused and harder, and there would probably be by this time involvement of the lymphatic ganglions and constitutional implication. It is a cystic tumor, a very rare form of disease. The exploring needle was introduced and a fluid of yellow character found.

The woman was placed under the influence of chloroform and the entire glandular tissue removed. A portion of the mammary tissue is entirely sound, and the operation might have been limited to the diseased structure, allowing the rest of the breast to remain, but of what

benefit would it have been to do so? The part left might become the seat of future disease. It is the custom of Professor Gross, whether the disease be cystic or malignant, not to leave one particle of the gland substance behind after the operation.

Cystic tumor of the breast is very uncommon in this country; it was described by Sir ASTLEY COOPER as occurring among the women of London and England generally. There is nothing malignant about it. This woman will therefore be entirely free from any liability to a return of the disease. The wound was closed by interrupted suture placed at intervals of about three-quarters of an inch, with adhesive strips between. Then, by means of compress, confined by a roller passed around the chest, the deep surfaces of the wound were brought in apposition with each other, to promote union by the first intention. If suppuration should take place, a counter opening will be made, so as to give vent to the matter as fast as it is formed. If it is allowed to accumulate it becomes a source of irritation leading to erysipelas or pyemia.

#### Verrucous Growth on the Neck.

This young man has a congenital warty excretion on the left side of the neck. It is elevated at least one-third of an inch from the skin, has a rough dirty looking surface, and an offensive odor. There is no pain in the part unless it has been rubbed.

Such a tumor as this should be excised at an early period, for if it be irritated, as it may be from a great variety of circumstances, it may ultimately become the seat of carcinomatous disease, epithelioma.

The tumor was removed with the knife. The parts were very vascular and several vessels were tied. The edges of the wound were brought together with the twisted suture. The only thing to be feared after such an operation is erysipelas, which may seize upon the wound in the course of the next thirty-six or forty-eight hours, and cause a great deal of trouble.

#### Operation for Bony Ankylosis of Knee-Joint.

Wm. K., ast. 12. The left leg of this boy is firmly flexed at just about a right angle. There are an immense number of scars on both sides of the joint, the inner and outer hamstring muscles are very much contracted. The patella is firmly attached. There is not the least motion in the articulation, not a particle of the joint retains its integrity, there is permanent bony union between the surfaces. It is not possible by any mode of treatment to break up the bony adhesions, resort must therefore be had to some other means of affording relief, by placing the limb in a favorable position for usefulness.

In 1826, Dr. JOHN RHEA BARTON devised an operation for the relief of a sailor whose thigh stood at a right angle with the axis of the pelvis. He made a dissection down to the bone, sawed off a wedge shaped portion, placed the limb in Desault's apparatus, as modified by Physic, and succeeded in making an excellent cure.

In 1838, Professor GIBSON of the University of Pennsylvania, had a case of ankylosis of the knee-joint, in which the leg stood at a right

angle with the thigh. In that case he cut out a V shaped portion in front of the thigh bone, extending nearly as far back as the posterior surface, and then by flexing the limb, fractured the bone which had been left intact by the instrument. The limb was then brought into nearly a straight line and a cure effected.

In 1859, Professor PANCOAST had at the clinic of this college a case of similar character, in which he perforated with a gimlet, subcutaneously, through a single opening, the inferior extremity of the femur at half a dozen points. Having in this way weakened the bone, he was able to forcibly break it and bring the limb out to a proper angle for future usefulness. An abscess formed during the progress of the after-treatment, but, with this exception, no untoward symptom occurred, and the young man left the hospital with a good limb.

The late Dr. BRAINARD, in 1860, performed an operation for bony ankylosis of the knee-joint, in which he divided the condyles of the thigh bone with a peculiar perforator, and succeeded in this way in straightening the limb, effecting a good cure.

In three similar instances of bony ankylosis of the knee, two of which occurred at this clinic, one a number of years ago, the other last winter, in a young man, Joseph Z., set. 22, (vol. xv. p. 307), the third in a young lady last June, a year ago, professor GNoss succeeded in effecting admirable cures by working his way between the condyles of the femur, and the head of the tibia, subcutaneously, through a small opening on one side in the depression or fossa between the head of the tibia and the condyle of the thigh bone. By means of perforators and other instruments, separation was effected so as to permit of the leg being brought down to a proper angle. In all these cases no serious symptoms ensued; in the first two, none at all; in that of Joseph Z., (vol. xv. p. 307) there was some little trouble, but not much. The young man had received a gunshot injury, and his health was not very good at the time of the operation, causing a protracted cure.

When the joint is obliterated, when bony union has taken place, it is perfectly tolerant of interference. Such a rude procedure as the one described, would, if the union were not osseous, probably produce fatal consequences. In the case of this patient, the synovial membrane and cartilage are both destroyed, and the joint has become a continuity of bone. If a portion of the articulation retained its motion, interference in this way would not be proper. In ordinary cases where the adhesion is the result of deposits of plastic matter, or of fibrous or fibro-cartilaginous degeneration of this substance, the parts can be brought into proper position by means of forcible extension.

The boy was placed under the influence of chloroform. A small opening, about one-half an inch in length, was made on the outer side of the joint, over the depression which serves as a line of demarcation between the head of the tibia and the condyle of the femur, through which a perforator was introduced. By means of this instrument, the adhesions between the tibia and

the condyles of the thigh bone, and between the patella and the thigh bone and the tibia, were broken up, and then by forcible extension the parts were liberated, the ham-string muscles having been divided subcutaneously. But very little blood was lost. One twisted suture was introduced, taking a firm hold, and adhesive strips applied, and then a piece of potent lint saturated with collodion, thus hermetically closing the parts. The limb was placed in an easy position over a slightly inclined plane. The case will be treated upon ordinary principles, endeavoring to prevent suppuration. One-half a grain of morphine will be administered so soon as he recovers from the influence of chloroform.

## Medical Societies.

### MEDICAL SOCIETY OF SUMTER COUNTY, ALABAMA.

EDITORS MEDICAL AND SURGICAL REPORTER:

You were pleased to copy from our village "Journal," the proceedings, of the Sumter County Medical Society, held in June last. They were not prepared for publication in a Medical Journal; and hence gave a very imperfect idea of the proceedings of the meeting. Below I have prepared an abstract of the action of a meeting held to-day, which if found of sufficient interest for the pages of the *REPORTER*, is at your service. Respectfully,

R. D. WEBB, Secretary.

Livingston, Ala., Nov. 4, 1867.

The Sumter County Medical Society, met at Livingston, Nov. 4th, according to adjournment. President, Dr. A. H. SMITH, in the chair. Members present—Drs. GODFREY, HENNEGAN, J. A. SMITH, KINNARD, ALLISON, MAYERS, and WEBB.

#### Bromide of Potassium.

In answer to inquiries of Dr. SHOLL, at the last meeting, several of the members stated their experience in the use of bromide of potassium as a sedative. They generally agreed that it had a calming effect, allaying restlessness, and procuring sleep in patients who were wakeful. Dr. A. H. SMITH, who labors under nervous disorder and wakefulness, from the effects of an attack of sunstroke, several years ago, experienced its calming and soporific effects in his own case; and stated that it also produced a decided salivation, increasing the secretion of the salivary glands to such an extent as to render it disagreeable, and moisten his pillow while he was asleep. Its effects in two cases of epilepsy, were thought by Drs. SMITH, KINNARD and WEBB to be injurious.

The discoloration of the mouth and fauces spoken of, at the last meeting, as diagnostic in typhoid fever, by Dr. SHOLL, had been observed by Dr. WEBB in two cases, but was absent in two others. The spots did not make their appearance early in the disease, and he looked upon them much in the same light as the rose-colored spots

of the skin, being rather confirmations of, than aids to, a diagnosis. At any rate, they were not pathognomonic, as suggested by Dr. SHOLL.

#### Fever with Haematuria.

DR. HENNEGAN reported a case of fever attended by a copious discharge of blood with the urine, vomiting of clots of blood from the stomach, accompanied by dark grumous matter, and remarkably dark, or black discharges from the bowels. Before death, which occurred in about ten days, the skin presented a jaundiced condition. Dr. J. A. SMITH, had seen several cases of fever of a rather mild grade, two of them tertian fevers, with bloody urine, and believed there was an unusual tendency to such hemorrhages this summer. He had not generally found them fatal. Dr. A. H. SMITH had also seen several cases, one of which proved fatal. At Warsaw, in the upper part of the county, such cases had been very frequent, and proved quite fatal. From the jaundiced condition of the skin, and the vomiting of dark grumous matter, suspicions of yellow fever had been aroused in the neighborhood. They were, however, regarded by Dr. SHOLL as pernicious fever, with congestion of the liver and kidneys. In this connection I will give an extract from an essay read at the last meeting by Dr. M. C. KINNARD, on "Some of the grave forms of Malarious Fever." "I will speak," says he, "in the first place of that form which is characterized by *haematuria* and *jaundice*, and which is speedily fatal if not promptly treated. The patient after having had 'chills' for some time, and neglected to use proper means of care, is suddenly attacked with a chill, and becomes very much prostrated in a few hours. Hemorrhage from the urinary organs alarms the friends, and a physician is summoned, and finds the patient passing from a gill to a pint of bloody urine every thirty minutes—very restless, great nausea, with vomiting of a dark grumous matter—pulse feeble and frequent, and skin rather cool. In ten or twelve hours, sometimes less, the skin and conjunctiva begin to assume a jaundiced appearance, and in a very short time (only an hour or two) the whole surface becomes of a deep yellow tint. The nausea and vomiting are increased, and unless proper remedies are used the patient soon dies.

"What are the causes of this state of things? Not having made a post-mortem in any of the cases, I can only offer the following conjecture as to the pathology. The blood is in an impoverished condition from the repeated attacks of intermittent fever. There is a deficiency of the red corpuscle and fibrine, and probably also, an increase of the white corpuscles. There is torpidity of the emanctories, especially of the liver, and hence the jaundice. The abdominal organs, the liver, spleen, kidneys and stomach, become engorged or congested, and thus, filled with this *blood of low vitality*, passive hemorrhage occurs from the kidneys, stomach, and probably also from the bladder. Hence the discharge of bloody urine, and vomiting of dark grumous matter, resembling 'black-vomit.' The treatment which I have found most successful, is, from half a grain to a grain of calomel every hour or two, followed by *ol. ricini*, in ten or

twelve hours. In the mean time the patient should be supported by stimulants of wine and brandy, and placed speedily under the influence of quinine, and kept so for several days. Drastic purgatives, or large doses of calomel should be avoided."

Since writing the above, I have conversed with Dr. MCPHERSON of Belmont, a village in the lower part of the county, who told me that five or six cases of a similar character had occurred in the last two weeks in his neighborhood. Four of them proved speedily fatal. The symptoms were those detailed above—chills, followed by fever, of rather low grade, vomiting dark grumous matter, hemorrhage from the kidneys, or bladder, restlessness, feeble, quick pulse, prostration and death in 36 or 48 hours.

DR. ALLISON also detailed a case to me occurring in his practice. "The patient, a little girl ten years old, was attacked with chills in the morning. Saw her in the evening; fever slight; pulse nearly natural in force and frequency; skin rather cool. Presented the appearance of a patient just passing from the effects of a chill and fever. Was about leaving under the impression that there was but little the matter, only an ordinary chill common in this county. My attention was then called to a discharge of urine in the chamber, which I found to be loaded with blood. This from former experience excited my fears, and after remaining some time with patient, I left, requesting to be sent for if symptoms became alarming. About 12 at night I was sent for, and on arrival found the patient very restless, tossing about in the bed, which soon extended to violent delirium—requiring force to keep her in the bed—pulse frequent and feeble; skin cool and quite yellow; and vomiting a dark matter exactly resembling *black vomit*. I was shown a large chamber full of bloody urine which she had passed in my absence, and was told that some had been thrown out. She died before morning."

Such cases have been occasionally met with here for a number of years, but have never before been so frequent. Can it be, that the yellow fever, which has prevailed so extensively in the gulf coast south of us, has extended its influence to this county (130 miles north of Mobile) and impressed some of its features upon our endemic malarious fevers?

#### Amputation of Leg.

DR. WEBB reported the following case of amputation of the leg below the knee, with remarks upon "Sympathy, and Symmetrical Sympathetic Inflammation."

"On Thursday, 10th of October, assisted by Drs. KINNARD and HOUSTON, I amputated the right leg of a negro woman between sixty-five and seventy years old. The amputation was performed at the urgent request of the patient, to relieve the pain and annoyance of a severely ulcerated leg; the ulcer extending from near the ankle to within six inches of the knee. The condition of the parts rendered it impracticable to procure a sufficient flap by the ordinary flap operation, and as the skin was in better condition in the posterior, than the anterior aspect of

the leg, I determined to modify the circular operation so as to procure the greater part of the integumental covering from the posterior part of the leg. I accordingly used a modification of the circular, or rather a combination of the circular and flap operation.

"I made an incision through the skin and cellular tissue, from a point a little anterior to the centre of the leg on the external lateral aspect, extending across the front in a downward curve to a corresponding point in the internal lateral aspect, much in the same manner as in flap operation, except that the curve did not extend so far down the leg, leaving the flap more obtuse than usual in such operations. This incision was connected by a posterior one of similar character, giving it a little longer downward curve. The skin and adipose tissue were then dissected up, both in front and behind, to the lateral points of commencement and the muscles and bone divided at this point as in the circular operation. This left a very nice flap of skin and adipose tissue to cover the end of the bone; and procured a smaller amount of wounded surface left for healing, than if the muscles had been included in the flap, had this been practicable. I was enabled also by this means to procure the larger part of the skin flap from the posterior of the leg, where the skin was sounder than in front. The hemorrhage was controlled during the operation by pressing upon the femoral where it passes over the pubic arch, and thus the venous hemorrhage, common in the use of the tourniquet, was avoided. The patient lost not more than a gill of blood in all.

"On the Monday following, Dr. KINNARD dressed the wound and found it in good condition, a part of the wound, at the outer angles, healed by first intention. The rest of it presenting a healthy appearance. General condition of patient good.

"Six days after the operation, I dressed the wound and found it in good condition; granulations in the centre of wound healthy, and healing going on satisfactorily. The discharge of pus was rather scant. The patient complained of but little pain, but had considerable fever, which had appeared suddenly in the morning. This I attributed to an attack of intermittent fever from which she had recently suffered several times, and directed quinine. Nine days after the operation, Dr. KINNARD saw her again, and reported her still with fever; the wound gaping in the centre, (during this time I had been sick, and patient was trusted to the nurse); suppuration scant, and rather too thin, and rather dark in color; patient considerably debilitated. She now complained of pain in the left knee, which was found to be *unnaturally hot, swollen, and painful to the touch*. Of the amputated leg she complained but little. Dr. R., directed nutritious diet, and ale or porter. On the 12th day, Dr. K., found her general condition bad, patient growing more feeble. The swelling in the left knee increased, and the patient complained of severe pain in it. The wound seemed to be doing well, except a small sloughing of the skin on the edge of the posterior flap. She had no pain in this knee. She continued to grow more feeble until the 14th day after the operation, when she died.

She complained the last two days severely of the left knee, and it had every appearance of a badly inflamed knee. Dr. KINNARD thought suppuration would have occurred in it had she lived a few days longer. After death the knee lost its swollen condition, and seemed natural in appearance. The feature in this case to which I wish to direct the attention of the society, is the *sympathetic inflammation* of the left knee."

There are many instances of sympathetic influence familiar to us all, such as yawning, or gaping, when we see another person yawn or gape, and fainting from the sight of blood, or on witnessing a severe operation. We also recognize pain in certain parts, as a sign of primary injury or disease in another part. For instance, pain in the end of the penis from stone in the bladder, under the scapula in disease of the liver, or in the knee in disease of the hip-joint. These and many other similar ones we recognize as *sympathetic*; and we often console our patients, and at the same time cover up our own ignorance of the real cause of pain or trouble, by throwing it upon the little-understood "scape goat" of sympathy. Although we acknowledge these as instances of sympathy, we are at a loss to account for their *modus operandi*. Anatomy, as a general rule, reveals no more direct connection between those parts where the most noted examples of sympathy are found, than between these and other parts. But although we have as yet not discovered this connection, it evidently exists.

TODD and BOWMAN, in their *Physiological Anatomy of Man*, divide these sympathetic influences into three classes: "(1st), sympathies between different individuals; (2), those which affect the mind, and through it the body; (3d), those which are strictly organic, and therefore physical." (P. 342.)

The first class includes those mysterious influences of mind over mind, which are very little understood, and are generally spoken of as "animal magnetism." They are altogether different from the other two classes, and cannot with propriety be placed with them. That such influences do exist cannot be doubted, but their *modus operandi* is yet a mystery, though evidently different from the other two classes.

The second class includes those affections of the body in which "an affection of the mind is a necessary link" in the process. For instance, the sensation produced upon the mind by certain odors in increasing the secretion of the salivary glands, or of disgusting sights in producing syncope. Here it may be, that the odor revives recollections of savory meats or delicious fruits, and the result is the same action in the salivary glands, aroused by the associations of memory, as that of these articles, when brought in contact with the gustatory nerves.

The third class, the physical, includes such cases as pain in the uterus, from application of the child to the breast,—pain and inflammation of the conjunctiva, from over stimulus of the retina, by excess of light, and inflammations, such as the one under consideration.

These are accounted for by TODD and BOWMAN,

upon the "known laws of sensitive and motor nerves." Say they, "it is known that stimulation of a sensitive nerve at its origin, or in any part of its course, will give rise to a sensation which will be referred to the peripheral extremity of the stimulated fibres. It is known, also, that a sentient nerve may excite a motor or sensitive nerve, which is *implanted near it* in the nervous centre—doubtless through the change which it produces in that centre; nor can it be doubted that a sensitive nerve may receive such a powerful stimulus as to exalt the polar force of a large portion of the nervous centre *in the neighborhood* of its insertion, and thus to excite a similar change in all the nerves, whether motor or sensitive, which are connected with it." Thus we see that a change in the *nerve centre*, is a link in all these sympathetic affections, and it is to these central connections that we must look for an explanation of those sympathetic actions, which, at first view, might seem to hold no anatomical relation with each other. When, too, we remember, in connection with these physiological facts, the now admitted further fact, that the nervous system exerts a decided influence over secretion and nutrition, we may readily see how an action at the periphery of one nerve, may, through its central connections, be transferred to another point, and there interfere with secretion, or the nutritive process, so as to increase or diminish the former, or by perversion of the latter, cause a "so-called" sympathetic inflammation.

The instance already referred to, of light upon the retina producing pain, and inflammation of the conjunctiva, well illustrates these principles.

In this manner we may very well account for those irregular sympathetic actions already mentioned, where we may suppose the secondary action is the result of an impression reflected from one nerve to another, "which is implanted *near it* in the nervous centre;" but it does not account for those actions where they are on opposite sides of the body—as in the case before us. Here, you observe, we have not only a sympathetic action, but it is *symmetrical*, that is, that the same part in the half of the body opposite to the *primary* action, is the seat of the *secondary* action. Here it is the left knee, the right knee being the seat of primary action. These symmetrical morbid actions Dr PAGET attempts very ingeniously to account for by what we call *elective vital affinity* between the blood and the different tissues. Each particular tissue and spot upon the body, according to him, being different from all others, and the corresponding ones on the opposite halves of the body being exactly alike, these corresponding parts have definite affinities for peculiar ingredients of the blood, and thus the corresponding parts of each side select similar materials from the blood, and are rendered symmetrical in their nutrition, whether the process be healthy or morbid action. He thus attributes these *symmetrical sympathetic* diseases to a certain chemical constitution of the blood, and a definite affinity between it and the tissues of corresponding parts, creating what he terms "islands exactly corresponding upon opposite sides of the body." (PAGET's *Surgical Pathology*, pp. 27—30.) This theory, though plausible,

is not altogether satisfactory. It is too much refined, and not enough in accordance with ascertained facts.

It would be more in accordance with the admitted action of the *nervous system* upon secretion and nutrition, to attribute to nervous influence this *elective* locality to symmetrical morbid action. We know that the brain is a double organ, each hemisphere presiding over its appropriate half of the body—and we know also, that these hemispheres are closely *connected* by *commissural* fibres, so that the two act together, though either is capable of separate action. Hence it is that the double senses, sight, hearing, and smelling, ordinarily produce but a single sensation, the two impressions from the separate organs being coördinated through the commissural fibres between the nerve-centres. And hence, observation has taught us, when one eye is inflamed, to also protect the other from light, to prevent the injurious action arising from the transfer of the impression in one hemisphere of the brain to that of the other, and its reflex action on the inflamed eye.

The explanation which seems to me most nearly to accord with ascertained facts and laws, is this. One knee being inflamed, an impression is made upon its hemisphere of the brain, and through the commissural fibres, is transmitted to the corresponding centre in the opposite hemisphere, and from it an influence is sent through its nerve-fibres to a corresponding locality in the other knee; where, through the admitted influence of nerve force, an altered condition of nutrition is brought about, which results in pain, redness, swelling, and inflammation. The same explanation applies to all symmetrical morbid actions. The *elective* influence being through the action of corresponding nerves on the opposite sides of the body, and not through the elective affinity between the particular parts and certain elements of the blood.

The "plasturgic force" of the nervous system is admitted, and we only have to admit the transference of the impression on one hemisphere of the brain to the other, to account for all these simultaneous symmetrical affections, and also for *secondary* action on the side of the body opposite to that of the primary action.

The Society then adjourned, to meet again on the first Tuesday of February, 1868.

— M. SAPPEY has read to the Academy of Sciences a paper on the unstriped muscles, which are connected with the apparatus of vision. The most important of these muscles, which he calls the oculo-palpebral, had hitherto been considered as of aponeurotic or tendinous nature. Some described it as an offshoot of the levator palpebrae; others as a prolongation of the orbital aponeurosis. M. SAPPEY has recognised in it the existence of unstriped fibres, directed from above downwards, and grouped in fasciculi which divide and send to each other reciprocally fasciculi by which they are united.

## NEW YORK PATHOLOGICAL SOCIETY.

*Regular meeting, November 13th, 1867.*

Dr. HENRY B. SANDS in the chair.

Condensed from Phonographic Notes, for the MEDICAL AND SURGICAL REPORTER.

## Removal of Stone by Dilatation of the Urethra.

## Inflammation of the Bladder.

Dr. HAMILTON presented the external organs of generation, with bladder and kidneys attached, of a mulatto woman, aged 39, upon whom he had recently operated. The patient first began to pass calculi some four years ago. His attention was first directed to her on the 1st of September, 1867, when she came under his care in the Charity Hospital. On making an examination, after having elicited the foregoing facts, a calculus was discovered in the bladder. As the bladder was very irritable, the examination was not protracted, a fact which has since been regretted. On farther questioning the patient, it was ascertained that she had passed a calculus within the last two years, since which time she has always suffered from more or less pain in the bladder.

On the 5th of September, the Doctor proceeded to operate as follows: The patient being placed in the proper position, a Weiss' dilator was introduced into the urethra, and the parts gradually stretched about one inch. This part of the operation occupied about five minutes. This was followed by a rectal bougie's gradual introduction, until the opening was large enough to admit the finger. The forceps were then introduced. The stone was now found to be quite soft, easily breaking into fragments upon slight pressure, showing that a successful result, so far as the removal of the stone was concerned, could have been secured by lithotomy. Very little blood was lost during the operation. The next morning the patient was very little better. She still complained of pain in the bladder; but what is a little remarkable, she had perfect control over the sphincter, being able to hold her water even longer than before the operation. The painful symptoms continued, without much abatement, for two weeks, when she died from dysentery. There was little or no change in the character of the cystitis during this time. Injections of nitrate of silver, ten grains to the ounce, with one grain of morphine, were thrown into the bladder with a negative effect; they neither increased nor alleviated the pain. The specimen shows the ureter considerably dilated, and the bladder lined with layers of false membrane. When the bladder was first removed, these layers were found covered with phosphatic deposit. The urethra is still very dilatable, notwithstanding the fact that the patient was able to hold her water during life. The Doctor said he had made no further dissection of the specimen. He thought it might be interesting to examine the urethra, to see if anything more than the mucous membrane had been destroyed. This is the Doctor's first operation by dilatation. In view of the fact that Dr. HAMMOND overcomes cystitis by incisions into the bladder, he is hardly prepared to

say, whether, in this case, it would not have been better to operate by the latter method.

Dr. VAN BUREN asked if the specimen had been examined with a view of ascertaining whether there was pyelitis. The fact that the operation was followed by no relief suggests the probability of pyelitis.

Dr. SANDS related a case in which he had removed a stone from a pregnant woman. She had had symptoms of stone for several months, and was suffering from severe cystitis, attended with purulent discharge. The question was, whether to remove the stone before confinement, and run the risk of miscarriage, or operate after delivery. The former method was adopted, and the stone removed by an incision in the bladder. The stone was somewhat over an inch in diameter. The coats of the bladder were somewhat altered by the inflammatory process. The wound was sewed up, and by the eighth day, everything had healed by the first intention. The removal of the stone put an end to the cystitis. He was, therefore, inclined to think, that in Dr. HAMILTON's case, the stone formed only a part of the disease.

## Adhesion of the Appendix Vermiformis to the Right Kidney.

Dr. WHITE presented the cæcum, with appendix vermiformis attached, and the right kidney of a little child, aged five years. The child has been sick more or less since 1864. Dr. WHITE occupied much time in giving a very detailed history of the child's ailments for the last three years—as we are unable to see what special relation they had to the pathological result, we omit them. At the post mortem examination, the thoracic organs were found healthy. The abdominal cavity contained considerable sero-purulent fluid, and injection of the peritoneum. Near the appendix, the peritoneum was perforated by two openings, and the appendix itself had contracted adhesions with the right kidney. Dr. WHITE considered the points of interest to be, the question whether this difficulty might not have originated in 1864, and the adhesions of the appendix to the kidneys. He had never seen a similar case.

## Death of Fœtus at Fifth Month Followed by Labor at Full Term.

Dr. MARKOE exhibited a fœtus with the following history. This little individual was taken from a lady about two weeks ago. She supposed that she had conceived some time in January. Everything went on very favorably until the latter part of May. At this time she felt motion distinctly, and considered herself well in every respect. At this period, as as she was returning from a social gathering, she was thrown somewhat gently from the carriage, and considerably alarmed. On reaching home, she observed that at the very moment of the accident, all the symptoms which had been going on so favorably, had suddenly ceased—in short, every evidence that the child was dead. I told her, when called, that such was the case, and that the ovum would be cast off, venturing the opinion that she would carry it to full term, and, fortunately for my

credit, it turned out to be the case. On the 1st of October, she was taken with severe pains, and the ovum was cast off entire. Unfortunately, the gentleman attending her, not appreciating the interest of the case, opened the ovum, and this portion was forwarded to me. The woman recovered without trouble.

The foetus is seen to be perfectly formed, being only shrivelled and blighted. The question of interest is, what shall be our prognosis in these cases?

Drs. Post and SAYRE related similar cases.

Dr. JACOBI considered such cases quite exceptional. A dead foetus is not usually carried for so long a time.

Dr. ROGERS inquired what had led Dr. MARKOS to form such an opinion. Dr. MARKOS replied, that it was a mere venture, a hap-hazard, rather than a scientific opinion.

#### Urethral Calculi.

Dr. CULTER presented a urethral calculus removed by perineal section from a gentleman seventy-three years of age.

Dr. MARKOS related a similar case occurring in a child brought to his clinique. Neither case presented any special points of interest.

Dr. CULTER then proceeded to make interesting exploratory investigations in his vest-pockets, and the inguinal pouches of his unmentionables, and succeeded in finding—nothing! From his subsequent remarks we infer that he was in search of an apocryphal bullet which was supposed to have gone through some individual's stomach about five years ago. Dr. HAMILTON very properly suggested that the result, resting upon such uncertain evidence, should not be put upon record. He did not doubt that recoveries might take place after wounds of the stomach, but thought that in the present instance, evidence of such recovery was quite deficient. A discussion followed, in which Drs. HOWARD and HIRWITT alluded to cases in which recovery took place after probable wounding of the stomach. In no case was there any escape of the contents of the stomach by the external wound. The only diagnostic symptoms were the situation of the wound and the vomiting of blood.

#### Specimens Illustrating Post-mortem Digestion.

Dr. J. LEWIS SMITH in presenting these specimens, alluded to an opinion expressed at a former meeting with regard to gangrene of the lungs in infants (see Report of Pathological Society in Reporter for October 19th.) At that time he advanced the idea that this change in the lung was true gangrene, resulting from a generally exhausted condition of the patient, and hypostatic congestion. He had been led to suppose that the change was due to gangrene, because he could attribute it to no other cause. Since that time, it had been suggested to him that the change referred to might arise from post-mortem digestion, due to the escape of the gastric juice from the stomach upwards into the oesophagus, and from thence downwards through the larynx into the lungs. In all these cases the children were in an exhausted condition from diarrhoea, and no other lesion was found, except this dark dif-

fluent condition of the lung. There were no signs of pneumonia, nor was there any fetor of the breath. In regard to this latter point, RILLIET and BARTHEZ\* state that in sixteen cases of gangrene of the lung examined by them, there was fetor of the breath in only five cases, and there was marked fetor in only three cases.

In order to ascertain whether the opinion suggested was correct, he had placed the contents of two stomachs in the pleuritic cavity, and made incisions into the lungs, in order to allow of the ready penetration of the gastric juice. The result was entirely negative. The lungs were examined at the end twelve and twenty-four hours, and only a slight yellowish discolouration found. There was no evidence of disintegration or softening. Although the results were negative, it does not prove the contrary, for we know that the gastric juice does produce destruction of the tissues. In one instance he had observed the stomach entirely severed from the oesophagus from this cause. When the autopsy was made in that case the stomach was found to be very much softened, and of a gelatinous appearance, and the lungs lying over the region of the stomach had also changed in appearance. The liver lying over the stomach presents also a leaden hue. These changes are not due to the direct escape of the gastric juice, but evidently from transudation of the fluids of the stomach to the subjacent parts. The oesophagus was the seat of superficial ulceration of the mucous membrane, and in one portion its coats are seen to be considerably softened, and the external part of the same leaden hue. Dr. SMITH is now inclined to believe that the cases before presented as gangrene, were due to some post-mortem change. Another strong reason for this belief is the fact that RILLIET and BARTHEZ in their extensive experience never met with a case of gangrene under under two and a half years; it is, therefore, highly improbable that he should meet with ten cases of that age in the course of eight years.

Dr. HAMILTON could not see how gangrene of the lungs could exist without fetor. If the fetor was absent, he should be inclined to think that the gangrene was absent.

Dr. JACOBI could imagine that a very small portion of the lung might be gangrenous, so as not to communicate with an open bronchus, but he had never met with such a case.

Dr. JANEWAY mentioned a case of gangrene connected with abscess of the lung, in which there was no fetor.

Dr. SQUIRS thought that although there might be a difference in the odor in various cases, yet in each case there must be some odor perceptible, as the gases given off by decomposition are never entirely without odor.

Dr. JACOBI, referring to the theory of post-mortem digestion, said that we ought to do away with the idea that the gastric juice can rise from the stomach, pass up the oesophagus, and then down through the larynx into the lungs. He did not believe that we should explain the ap-

\* *Traité clinique et pratique des maladies des enfants*  
par M. M. E. BARTHEZ et F. RILLIET.

pearances referred to by digestion at all. These changes must not be taken for destruction of the tissues by the action of the gastric juice. He did not believe that the so-called *gastric malacia* had any existence, but that the lesion was due to putrefactive changes and nothing else, and is always a post-mortem appearance.

Dr. SWITH thought that the gastric juice might take this circuitous route from the stomach to the lungs in cases where children were carried some distance after death.

A gentleman, whose name we could not learn, presented a specimen of *renal disease* for a candidate, with a written history. The manuscript was read so rapidly and indistinctly, that we were unable to get the precise relation between the history of the case and the pathologic results.

Dr. FINNELL presented a doubtful tumor taken from the iliac region of a boy eight years of age, previously healthy. The boy died four months after the appearance of the tumor.

#### Carcinoma of the Testicle.

Dr. HEWITT presented a testicle removed from a healthy man aged 46, by occupation a farmer and fisherman. The interesting feature was whether the disease was really hard cancer.

#### Extrrophy of the Bladder in a Female.

Dr. SHIRLEY presented a specimen for a candidate, taken from a female child, three months of age, which died of chronic diarrhoea. The prominences of the ureters upon the surface of the mucous membrane, could be easily distinguished. The left kidney was attached, and its communication with the everted bladder demonstrated. The history of the case bore no special relation to the specimen. It states, however, one point of considerable interest. The urine flowing from the ureters was tested immediately after birth, and found to be faintly acid.

The Society went into executive session.

The name BOZEMAN should be substituted for that of "GOSSMAN" in the last report. It was also stated that Dr. BOZEMAN applied his ligature *precisely* in the same manner as Dr. HOWARD did in his third experiment. This is not strictly correct. In the case of Dr. BOZEMAN the idea was to avoid cutting the internal and middle coats, and not to *diminish* the current of blood without wholly stopping it.

#### OPENING MEETING OF THE NEW YORK MEDICAL JOURNAL ASSOCIATION.

The first re-union of this Association for 1867-68, took place on Friday evening, November 8th. The attendance was fully equal to the most sanguine expectations of the friends of this meritorious institution, both with regard to numbers and *esprit de corps*. At nine o'clock, Dr. GURDON BUCK took the chair, and delivered a short address, congratulating the members upon the favorable auspices under which the society again gathered together, for the winter's work of mutual instruction. Dr. A. C. Post followed with a few remarks, in which he compared the great advantages for medical instruction at the present time, with the meagre aids possessed by the profession.

in his earlier days, and briefly alluded to the prominent medical improvements of the age.

Dr. NOYES then made a proposition, that the society should take steps to secure the portraits of eminent medical men, both of this country and Europe, for the adornment of the walls of the institution.

Dr. Post suggested, that as the portraits would rapidly accumulate, a photographic album might be more convenient for inspection and reference. A committee consisting of Drs. NOYES, BANKS and NOEGERRATH, was appointed to take charge of the matter. The society then adjourned to spend a few minutes in pleasant social intercourse. We may remark in passing, that the *social* feature which characterizes the gatherings of this institution in no way interferes with its *scientific value and efficiency*. It holds a happy medium between the dry-as-dust ponderous deliberations of the bellicose academy, and those convivial gatherings which result in nothing intellectual but a headache the next morning. The younger members of the profession are here brought in contact with the oldest and most skilful practitioners of the city, without that restraint which is so frequently embarrassing to both parties in a word, they are made to feel at *home*.

Full reports of future meetings will be given.

At each subsequent Re-union a brief *résumé* of the current literature of special subjects will be read by members previously appointed. Other matters of interest will be brought forward at each meeting.

The following *résumés* will be made in November; with additional papers and subjects:

Nov. 15.—Dr. J. C. PETERS, *résumé* on cholera.

Dr. S. H. HEWITT, Treatment of Fracture of the Thigh by a New Splint.

Nov. 22.—Dr. BURRELL, *résumé* on New Anæsthetics.

Dr. WHITEHEAD, on Alcoholic Stimulants Preventive of Fatal Anæsthesia from Chloroform.

Nov. 29.—Dr. YALE, *résumé* on Fevers.

This Association offers important advantages to those desiring to keep familiar with current medical literature.

Its members are regularly supplied with the principal medical periodicals of the United States and Europe, and with the most valuable monographs.

#### A Curious Plant.

The *Reese River Reveille* describes a singular plant lately found growing in the hot water or Hot Creek district. It is a delicate, vine-like plant, almost as fine as hair, holding myriads of tiny leaves, nearly imperceptible, and of bright emerald green. It thrives only in water so hot that the hand cannot be borne in it. Many efforts were made, in spite of scalded hands, to gather and preserve specimens, but it was so tiny and delicate, that it was found to be impossible.

— PROFESSOR CROQ of Brussels especially recommends the iodide of potassium in the first periods of congestional exudation in albuminous nephritis.

## EDITORIAL DEPARTMENT.

## Periscope.

## Treatment of Chorea by the Sulphate of Zinc.

Dr. E. S. DUNSTER gives the following note in the *Medical Gazette*:

The publication, by Dr. HAMMOND, of two cases of chorea successfully treated by the sulphate of manganese, induces me to present the following cases, in which a cure was effected by another mineral tonic, viz., the sulphate of zinc. In all of these cases, no medication whatsoever, beyond the zinc, was employed; there was, therefore, no perturbing element to be allowed for in estimating the efficacy of the remedy. The hygienic treatment of the patients, however, was most rigidly enforced, and it is to this element in the treatment that I desire to call especial attention, for my belief is that almost any analeptic medication will suffice to cure this troublesome affection, provided the strength and vigor of the system be maintained by proper hygienic and nutrient means. Indeed, very many cases, left to themselves, will recover without medication, if the patient be put through a course of nourishing food, well-regulated exercise, careful cleanliness, abundance of fresh air, frequent change of surroundings, proper moral influences, etc.; or in other words, if due attention be paid to the rational and hygienic treatment. The very success of so many different remedies which have been so largely extolled by various authors, substantiates this view; for in general it may be assumed that where, in the treatment of any given disease, a large number of remedies is found to be successful, there is an intrinsic tendency in that disease to recovery. I do not therefore claim for the zinc any special advantage over the other remedies which have been used as specifics in this disease, and would especially caution against too great a reliance upon such. The rational treatment of each case should be a study in itself, and should never be overlooked.

One or two points in the three cases are worthy of notice.

1st. No amendment was observed until the dose of the sulphate had reached some eight or ten grains; but it must be borne in mind that a certain length of time is necessary for the effects of the rational treatment to be noticeable, the question therefore naturally arises, to which element in the treatment was the success due. My own opinion (as may be inferred from the above remarks) is, that the two mutually aid and accelerate each other, and that either part of the treatment, by itself, would not prove as speedily or thoroughly successful as when the two are combined.

2d. The connection of chorea with rheumatism, as first pointed out by Dr. COPELAND, and subsequently confirmed by the observations of BRIGHT, BEGKIE, M. SEE, and others, is seen in two of these cases.

3d. In two of the four cases the choreic movements were unilateral; one of the right, and the

other of the left side. A large series of cases would not probably show so great a proportion of unilateral cases. The weight of testimony to be gathered from the books being, that while in the earlier stages the movements are more marked on one side than the other, subsequently the whole body is apt to become affected.

Lastly, there is to be observed the readiness with which the stomach accustoms itself to large and emetic doses of the zinc.

Daniel Sheehan, *æt.* 11 years, came under my observation December 28, 1866. There was no positive history of any previous acute disease, but the boy had suffered during the winter and spring preceding, from some of the symptoms of rheumatism. The irregular muscular movements came on very gradually, and were exclusively confined to the right side. They had existed in such a degree as to attract the attention of the parents only for four months past. The movements were not unusually violent; and the case did not appear to be a formidable one, as the lad was as well developed as could be expected in the condition of life to which he was subject. The bowels were not constipated, but somewhat irregular; appetite fair but variable; heart beating heavily, and somewhat tumultuously; apex displaced to the left, and the breadth of the organ increased one-half or three-quarters of an inch; sounds normal, except that the first was very much subdued; the movements cease during sleep.

The most explicit instructions were given as to the care of the patient, the regulation of his diet, exercise and habits, in a word, his whole plan of life: and I have reason to believe they were carried out as completely as could be under the circumstances. The sulphate of zinc was administered internally, commencing with one grain three times daily. This was increased gradually until the dose had reached ten grains, when decided amendment took place. The dose was once more increased to twelve grains, three times daily, at which point it was continued for a week, and the medication was then gradually but rapidly diminished. February 15th, although the patient was still under treatment, there was no indication of the disease, and on the 25th he was discharged. The heart's condition remained unchanged.

Albert Smith, New York, *æt.* five years, was first seen by me February 1st. He had then well-marked general chorea. No antecedent disease. The patient is a bright-eyed, intelligent, well-nourished lad. The functions of the bowels, skin, and kidneys, are well performed. No indication of any cardiac disease, either functional or organic. The parents were inclined to think that much of his disability was due to habit. And my observations subsequently led me to the same opinion, as the lad could easily control the movements by an effort of the will. The movements were wholly confined to the muscles of the arms and face; the eyes especially taking on a singularly mischievous appearance, from the peculiar twinkling motion of the lids.

General treatment as in case 1. The zinc was also administered internally, *viz.*, Feb. 4th, two grains; 6th, three grains; 8th, four grains; 10th,

six grains; 15th, eight grains, per dose. At this time there was marked improvement, and in the course of the following week, no movements were perceptible which the child could not readily control. The medication was then stopped abruptly, but the disease returned, and during March the whole plan of treatment had to be again gone over. The amount of zinc was now pushed to twelve grains, three times daily (March 20th to 25th), and withdrawn gradually. April 4th, the amount was four grains in each dose. April 10th, medication discontinued, and patient discharged, cured.

Eliza Kinney, N. Y., *æt.* nine years, was brought to me Feb. 5th, 1867, suffering from general chorea, of a very aggravated character. The case was acute, being of only two weeks' duration, and had followed an attack of inflammatory rheumatism. The movements were violent and very irregular; indeed, so excessive were they that the little patient could neither walk or talk. The arms were thrown about in the wildest confusion; nothing could be held in the hand; the legs were flexed, extended or crossed in the most absurdly erratic manner; the tongue would be protruded and suddenly withdrawn; the jaws would open and close with a vicious snap, and even the large muscles of the trunk participated in the movements. Distinct articulation was impossible, and only liquid food could be swallowed, and the patient, from loss of sleep and want of proper food, was rapidly losing strength. Altogether the case was the most violent one I have ever witnessed. Auscultation of the heart was unsatisfactory, as the excessive contortive movements interfered with the proper examination in this way.

The same general plan of treatment was adopted as in the previous cases, and the directions as to the care of the patient were necessarily explicit on account of the gravity of the case, and yet from its rapid development it was fair to infer that so soon as an impression was made on the disease it would yield quite rapidly. And such proved to be the fact. The sulphate was carried only to six grains per dose in about 14 days, when there was a manifest amelioration of the symptoms. The amount was increased then to eight grains per dose, at which point it was continued until the 25th of March, and then rapidly withdrawn, as the patient was entirely free from every evidence of the disease. I saw this patient again in October; there had been no return of the difficulty, and the patient was hardly recognizable, so great had been the change in her appearance and condition. She had regained her flesh, and strength, and color; articulation was perfect, and all her functions were naturally performed.

Emma Witmeier, N. Y., *æt.* nine years, was brought to the hospital Dec. 2d. She had chorea confined to the left side, and not extreme in its character. One year previously she had typhus fever, and during convalescence from this there was a slight attack of chorea, which yielded readily to treatment, the nature of which was unknown to the mother. Three months previously the mother reports that she had pneumonia, though from an examination of the sym-

toms from which she suffered at that time, I am disposed to question the correctness of this statement. Immediately following this illness the chorea manifested itself. The appetite was variable; digestion fairly well performed; bowels very irregular, but not much constipated.

The treatment was commenced as in the other cases, but after a few days the patient discontinued her visits. The result, therefore, cannot be given. The case is reported here merely to show its unilateral character, and its connection with previous acute disease.

#### Climate and Diseases of Central Texas.

The following remarks on the Climate and Diseases of Central Texas, are by ROBT. H. CHINN, M. D., Caney, Matagorda Co., Texas, in the *New Orleans Med. and Surg. Journal*:

The Colorado and Brazos Rivers arise in the plateau that separates the plains of Texas from the valley of the Mississippi River. They run nearly parallel to each other, their bottom lands being separated by a large prairie; and when within fifty miles of their mouth they approach each other, and their bottoms commingling by a connection with the bottoms of several anomalous streams running between them. Commencing at the east, we have Oyster Creek, the former bed of the Brazos, emptying into the Galveston Bay by an artificial canal; the Brazos emptying into the Gulf; the San Bernard, which drains the prairie that separates the two rivers and empties into the Gulf; Cedar Lakes, which form a considerable stream, after heavy rains, of some twenty miles in length, that empties into the Gulf; Caney Brake, the former bed of the Colorado, which empties into Matagorda Bay. The forest formed by these connected bottoms is forty miles wide and fifty miles long, frequently interspersed by isolated prairies, with a soil of unsurpassed fertility. It has for its principal growths the live oak and several other species of oak, the pecan, elm, ash, box-elder, hickory, etc., and its undergrowth often forms a jungle so thick that it is impossible to ride through, and very difficult to walk through. Large canebrakes are found besides in Oyster and Caney Creeks. The soil is about eighteen feet in depth, and lies on a bed of white sand intimately mixed with water (quicksand), about five feet in depth, connected by a bed of coarse gravel, with a foundation of whitish clay. The rivers present the same muddy appearance as the Mississippi, with the same caving of the banks, and the same deposits, but having decennial, (as in 1823, '33, '43, '53 and '63,) instead of annual rises.

The temperature is affected by the winds, rarely exceeding 80° F. in summer, and 20° F. in winter. Our south wind is the most grateful and healthy, being a sea breeze from the Gulf. It generally commences at nine o'clock, A. M., passing over the prairies until it meets the mountain breezes. Coming directly from the Gulf, and cooled and moistened by evaporation, it is always pleasant. The eastern winds, generally mild but always humid, are the certain forerunners of rain and storms. We require more ac-

curacy in our examination of the phenomena of our northern winds. They precede, accompany or succeed storms and rains, or come and remain perfectly dry. Often after a calm, with only a few minutes' notice, they may in a couple of hours cause the thermometer to fall from 90° to 40°, or even lower, and blow a severe gale, the only cold weather we have, which will last from thirty-six hours to several days, and then quietly pass off, and leave the air so chilled as to cause frost. Our western winds are usually hot, humid or dry, and the forerunner of calms and storms.

The decennial overflows mark the change of the seasons into decades of wet and dry years, which pass almost imperceptibly into each other. The periods from 1834 to '44, and from '54 to '64 were dry, and the alternated periods from 1844 to '54, and from 1864 up to the present date are rainy. These observations were made by old settlers, and as I removed to this delta in 1848, I can confirm them from that year. During the rainy years the natural drains overflow, and wash into the rivers, gulf and bay, a great deal of sediment and débris. The principal drains are generally wide, shallow sloughs, or reservoirs with sluggish currents, into which the various flats and lagoons deposit their waters. They all run parallel with the larger streams, with which they communicate with bayous. In the summer, evaporation occurs rapidly; the earth's surface quickly dries when exposed to the rays of a hot sun, but the humid atmosphere is soon removed by the currents of air. In the alternate dry decades the rains are rare, and the earth's surface opens in cracks, which grow in depth and size until they reach the substrata of quicksand, and an evaporation occurs from the action of the hot air on the moisture of the quicksand. This moistens the earth, and amply supports vegetation, as our cotton and corn crops are the heaviest during the dry seasons, especially when planted on a soil which has the greatest number of crevices. We have no accurate knowledge of our dews.

The characteristic symptoms of malarial diseases of the two periods are very well marked, and are certainly influenced by the concomitant causes of miasm; as during the dry decades heat is in excess and moisture deficient, while the opposite prevails during the wet decades. I have observed since 1848 one entire dry decade, and parts of two wet decades, from which I have collected the following diversity in the derangements of the various organs:

WET DECADES.	DRY DECADES.
Skin—perspiration free.	Skin—perspiration deficient.
Nervous system slightly disturbed.	Nervous system greatly deranged.
Digestive organs greatly deranged.	Digestive organs slightly affected.
Secretory organs greatly deranged.	Secretory organs deranged, but amenable to the action of medicine.
Typhous state soon supervening.	

"If the atmosphere be hot and dry, and also be in motion, both exhalation and evaporation go on with great rapidity. \* \* \* \* On the other hand, in a hot atmosphere saturated with

moisture, exhalation continues; the evaporation is almost entirely checked, and the fluid poured out by the exhalent glands accumulates on the skin." (CARPENTER, *Prin. of Phys.*, Chap. x., p. 241.)

During the dry period, from 1854 to '64, my *confrères* and myself were often consulted about lunatics, and called upon by our municipal Courts to diagnose cases of reputed lunacy. These were cases taken from every grade of life, without any apparent general predisposing or existing cause. My note books during that period are filled with accounts of malarial diseases, complicated with some anomalous nervous symptom, and recount some few cases of the superintention of apoplexy, epilepsy, catalepsy, chorea and tetanus, on the ordinary remittent and intermittent fevers of the country. During this period there was no very great derangement of the liver, kidneys or spleen. A single mercurial, an antiperiodic, and a free use of anodynes and antispasmodics, were required. During the rainy years, (from 1848 to '54, and from 1864 up to the present,) I have been compelled to use mercurials freely, and at once "touch the gums;" together with a very free exhibition of quinine, as those malarial attacks, contrary to their usual way, may at any time become pernicious.

This forest lies at the junction of Brazoria, Matagorda, Wharton, and Fort Bend countries; consequently no census reports can apply accurately to divisions of counties or districts, as they include each county or district as a unity. Therefore for vital statistics I am left to my own resources, which cannot be accurate, as I have not pursued the matter for pleasure or profit; but my long residence and large acquaintance are a sufficient guarantee that they are not very deficient. It contains about one thousand voters, and five inhabitants to each would give it five thousand inhabitants. There are thirty between seventy and one hundred years; seventy-five between sixty and seventy years; seven hundred and fifty between forty and fifty years, and the rest between twenty and forty years. These can only be proximate results. In *personnel* at least one hundred and fifty would weigh over two hundred pounds, and the same number could be found whose height was above six feet, all being generally above the average. On the gulf and bay shores, there are generally about two deaths out of one hundred inhabitants annually; but the mortality is much greater as you pass into the interior, being at the upper boundary of the forest, between the two rivers, four and a half to six in the one hundred *per annum*. The richness of its soil and geniality of the climate, attracted the first settlers of the colony; and the land has ever since been owned by them and their descendants, with but few rare exceptions, and held at a high paice. It has therefore received but few emigrants, still this immigration never materially increased the mortality. The diseases are generally miasmatic, mild and peculiarly amenable to the action of medicine, and the pernicious and congestive types are rarely seen. Organic diseases of the liver, spleen, pancreas and kidneys are rare, except when the subjects of them are dissipated. The epidemics of

the exanthematos fevers, pertussis and bronchitis are as usual in other localities. I have seen but very few uncomplicated cases of pneumonia, but more where inflammation of the lungs formed a prominent symptom in other diseases. Chronic and acute diseases of the digestive organs are common, and we have had the usual epidemics of dysentery. In 1833, the Asiatic cholera ravaged the village of Brazoria, and afterwards made its appearance once on a plantation, but did not spread. In 1862, Matagorda village was scourged by yellow fever, but entirely from local causes.

#### Extra-Uterine Gestation.

The following extraordinary case of extra-uterine gestation is reported by Dr. J. K. LEVAN, of Leesport, Pa., in the *Transactions of the Pennsylvania Medical Society*:

"In the winter of 1861, Dr. LEVAN was summoned to see Mrs. B., aged about fifty years, who gave him the following statement: She enjoyed excellent health until one year after her marriage, when she began to be afflicted with a severe pain in the lower region of the abdomen. The abdomen becoming enlarged, and at length reaching an alarming size, medical advice was sought. The physicians pronounced it ascites, and treated it as such, until finally the abdomen opened spontaneously about an inch below the umbilicus and a trifle to the right of the linea alba, and discharged about a gallon of a yellowish, pus-like fluid. After this the wound closed somewhat, remaining, however, a running sore for upwards of thirty years, she in the mean time enjoying tolerably good health, and becoming the mother of eight children. The first of these was born four years after the profuse discharge of pus. A few years after the birth of her last child the sore became more angry and painful, the vital powers seemed fast declining, and, says the Doctor, 'the case at that time might have been most truly called a critical one.' With the above account of the patient more at length before him, the Doctor, after a thorough examination, felt convinced that she had originally had an extra-uterine pregnancy, and he informed her to that effect. He then gave her tonics, a nutritious diet, and an antiphlogistic external treatment, under which she gained strength, and the sore became less irritable. Upon probing it, he found that he was striking upon something resembling loose bones, and he determined upon an extension of the wound by an incision, a Cæsarean section. Cutting down in a longitudinal direction through skin, superficial fascia, and rectus muscle, so as to make the whole opening two inches in length, the Doctor had the satisfaction of removing some twenty-five bones, most of them at the first sitting, the others some days afterward. The long bones, he says, were easily extracted; with the broad ones he had some trouble, the aperture being small, and considerable hemorrhage attended the operation. The bones were much wasted, but you could easily see, he says, that they were those of a fetus. In conclusion he says: 'The former treatment was continued until she was well, and the wound had

healed perfectly. I saw her in January, 1867, when she was enjoying excellent health.'"

#### Hare-Lip.

Dr. HAMMER, of St. Louis, in the *Humboldt Medical Archives*, gives the following description of the operation he employs to correct this deformity:

During a quarter of a century, I have had frequent occasion to operate for hare-lip, in all its various forms, single, double, and complicated; and I freely confess, that for twenty years I was never satisfied with the results obtained, though mine were, on the average, not worse than those of other surgeons. I was frequently amused by looking at plates where cases of hare-lip were pictured, before and after operation, showing beautiful and perfect results, whereas a comparison between the copy and the original would not have given a very flattering impression as to the ability or truthfulness of the artist.

The unsatisfactory results obtained in my own former practice, and present practice of other surgeons, did not, and do not depend so much upon individual skill, as upon the intrinsic difficulties inherent to the nature of the lesion itself, and the deficiencies of the means employed to correct the deformity. The main points to which the frequent failures in double hare-lip with fissure of palate must be attributed, are: the rarity of union by first intention in the soft parts, or union of one part, with non-union or connection by ligamentous mass of the remainder; the infrequency of firm union of the intermaxillary bones with the lateral alveolar arches, and the resulting unevenness, by lack of proper adaptation with regard to the convexity of the entire superior alveolar arch; the frequent mutilation of the nares, either by closing them up, or leaving them widely separated, the flat nose in the superlative.

Nearly all the difficulties with which the surgeon has to contend, can be overcome by following the method of operating which I have adopted.

The operative procedure consists of two steps. First, to bring the maledirected intermaxillary bones into proper position, and to make them fit exactly the opening left in the middle of the alveolar arch. This I accomplish by excising a triangular piece of the septum of the nose, of such an angle as to correspond to the angle made by the projecting intermaxillary bones with the arch. After it has gently been moved downward and backward the surgeon can judge how much or how little is to be cut off on one side or both, that the gap may be exactly closed. I give preference to this method of changing direction over all others.

Second. To separate, as may be required, the middle lobe from the intermaxillary bones, then to freshen its edges, as well as the margins of the lateral parts of the lips, resorting, if necessary, to auxiliary incisions in various directions, according to the peculiarities of the shortening in the soft parts, accompanied by free and extensive incisions over the underlying bone, so as to allow

of great mobility of the lip. This being done, and the hemorrhage arrested, I apply a sustaining suture, which is, in fact, a quill-wire suture, at a proper distance from the edges, to be united. Two pieces of common smooth lead-pencil, from one and a half inch to one and three-fourths of an inch in length, and a strong needle armed with a double wire, of a size larger than is ordinarily employed in the usual wire suture, are all that will be required. The needle is passed through the entire thickness of the upper lip on a transverse line, striking the point of union between the septum and intermaxillary bones. The needle is made to transfix the integument from without inward on one side, at a point half an inch posterior or outward from the nostril, and through a corresponding point, but from within outward, on the opposite side, and now the two pieces of pencil, one on either side of the face externally, are fastened by the double wire. Another similar suture is applied in the same manner, and attached to the same pieces of pencil, about half an inch below the first, more near or remote, according to the length of the intermaxillary bones, over which, that is to say, in front of which, both wires must pass. By this means we accomplish a complete relaxation of the soft parts, all tension of the muscles being overcome, the corresponding portions of the cut edges can now be readily approximated, to do which I employ the common wire suture—the wire being very small—finding it less irritating than silk. Thus the operation is completed, no dressing being required, except the occasional application of a little glycerine, by means of a camel's hair pencil, upon the united wounds. The wire sutures should be removed at the end of three days, union by first intention having then taken place, while the sustaining suture may be allowed to remain to the sixth, seventh, eighth, or ninth day. The wires of the latter, in course of time, cut somewhat the soft parts, producing four small, transverse, slightly suppurating wounds, which, however, heal without leaving any marked scar behind.

The advantages of the above plan of procedure are so obvious, that I need scarcely refer to them, but in brief, they are the following:

First. The intermaxillary bones are kept in close contact with the parts with which it is desirable they should unite, by the wires of the sustaining suture.

Second. All strain on the lips being removed, the soft parts must unite by first intention, it cannot be otherwise, provided all chemical or mechanical irritants are wiped from the wounds, which can so readily be done by a hair pencil.

Third. The degree of relaxation necessary to properly control and modify the future shape of the nares, is entirely at the control of the surgeon.

Fourth. The absence of all dressing which would interfere with free respiration, and thereby endanger life.

Fifth. The operation is completed at one session, and, comparatively speaking, a very brief space of time is required for complete and permanent union.

Sixth. The surgeon is relieved from an im-

mense deal of trouble and constant attention, which is so necessary when other operative plans of treatment are adopted.

Seventh. The results are admirable, thereby not saying too much.

## Reviews and Book Notices.

### NOTES ON BOOKS.

Of late French publications we note one by Dr. J. J. GUIPOX, "De la Maladie Charbonneuse de l'Homme," a Report on the Progress of Anthropology, by M. DE QUATREFAGES, published by the French Government in connection with the Exhibition; and, what must be of uncommon interest to the medical historian, a "Historical Description of Surgical Instruments found at Herculaneum and Pompeii."

In England, several valuable works have been added to the list. They are, PATTERSON's "Egypt as a Resort for Invalids;" PEMBERTON's "Clinical Illustrations of Cancer," (imperial quarto, \$8.00;) PIRRIE on Hay Asthma; POWER's Illustrations of Diseases of the Eye; and WILLIS' Sudoriparous and Lymphatic Systems.

The profession has, in a general way, heard of the *odic force*, an imponderable akin in nature to the electric force, developed by nervous action. Its discoverer, BARON VON REICHENBACH, of Vienna, has generally been classed with such erratic geniuses as SWEDENBORG and SPURZHEIM, and his discovery has never attracted serious attention. He is still living, and has recently published a little book, setting forth the further discovery of an *odic flame*. The tract is entitled, *Die Odische Lohe*, and is printed at Vienna.

The following criticism on a critic, is from the *Nation*, and refers to the work of Dr. GEO. ROSS, entitled, "Studies, Biographical and Literary." Dr. ROSS ventures to give "a physician's analysis of the king's madness, which he contrasts with the feigned madness of Edgar. The point he makes is, that Lear, like a real madman, is insensible of the rain and sleet, while Edgar, the sham madman, would have betrayed his imposture to a physician by the very phrase which he is constantly repeating as a proof of his lunacy, 'Poor Tom's a-cold.' Thereupon he praises SHAKESPEARE's knowledge of mental alienation. But the judgment seems to come rather from the doctor as critic, than the critic as doctor. We do not know how it is with the lunatics of the asylums; we are, for the present, willing to take as correct, Dr. ROSS's assertion that true madmen disregard the discomforts of wind, or rain, or cold. But SHAKESPEARE does not insist upon

that distinction, be it accurate or inaccurate, between the madness of Lear and the madness of Edgar, and we much doubt if, in his own mind, he made it. Edgar says, now and again, 'Poor Tom's a-cold,' seeming, as we look at it, to think the use of a catchword—no matter what one—good presumptive proof of silliness in the man who uses it. But Dr. Ross will find Lear 'contending with the fretful element,' bidding 'the wind blow the earth into the sea, or blow the curlèd waters 'bove the main,' striving 'in his little world of man, to outscorn the to-and-fro conflicting wind and rain.' This is not the behavior of one who 'feels nothing' of foul weather. If one says that Lear merely perceived the fury of the elements, and sympathized with the commotion in the air and in the sea, while Edgar, on the other hand, only feigned physical suffering—why, one may say so—if one might not say anything, what might become of Shakespearian criticism?—but to prove that SHAKESPEARE meant so, to prove that, in the storm, Edgar was, and Lear was not uncomfortable, is not possible, and to say so is, as it seems to us, to talk like a doctor enthusiastic in his admiration for the poet, rather than to talk like a Shakespearian critic of great acumen."

Dr. Ross is not the first medical man who has founded in the attempt to sound SHAKESPEARE'S delineations of mental pathology.

**Report of the Proceedings of the Association of Medical Superintendents of American Institutions for the Insane. Harrisburg: 1867. Paper, pp. 132.**

This volume contains the discussions at the last meeting, held at Philadelphia last May. We noticed at the time some of the principal topics that came up for discussion; all of much interest to those connected with the management of insane hospitals.

The discussions were taken down by a phonographic reporter, and are printed in full.

The next meeting will be held at Boston, on the first Tuesday of next June.

**A Treatise on Abuses of the Sexual Function. By E. P. MILLER, M.D. 1 vol., 8vo. N. Y. 1867.**

CARLYLE says the curiosity of the English public about foreign characters is like that which one cur manifests on meeting another. It seems entirely satisfied by nosing the most obscene parts only of the stranger. Such it appears to us is the desire for medical knowledge which the American public expresses. Certainly for its gratification there are more works written for

popular distribution on the sexual organs than on all other branches of medicine combined. We marvel therefore at the hardihood of the present writer to commence his preface with this sentence:

"This little book is born of the idea that mankind are (?) suffering for want of the knowledge it is designed to give."

His knowledge of popular medical literature cannot be very extensive. Let him pick up any country paper, and he will find half a dozen thrust upon the public, from "Is it I?" down, far down, to "The Pocket *Æsculapius*." All of them are probably written, as Dr. MILLER's is—to increase their author's business. His is nearly as good as any; better than most. He paints in awful colors the consequences of self-abuse, quotes liberally HENRY WARD BEECHER and the Bible, overflows with pious unction, and recommends as the last hope of the unfortunate, "The Hygienic Institute and Turkish Baths," in New York city, to which Institute he is Physician.

He gives extracts from letters in which his patients tell him his medicines "act like a charm," (the italics are his own); in which he is called "their last resort;" and in which another says, "I am as fully persuaded of the correctness of the hygienic theory and practice, as I am of the redemption of man through Christ."

This is enough, without further comment, to display the drift of the volume, which, in our opinion, is one of those a gentleman's library can do without.

#### Treatment of Ankylosis of the Hip-joint.

The following bold treatment of ankylosis is given by Mr. HUNT, in the *Brit. Med. Jour.*

A fine young woman, of highly strumous habit, came under my care with psoriasis on both sides, which terminated on each side with the bursting of the abscess. Her health being well attended to, the wounds healed at length; but there was ankylosis of the left hip, the thigh being fixed at right angles with the trunk, so that she walked with her body in nearly a horizontal position at every alternate step. She had been in this condition about six weeks when she consulted me as to the possibility of restoring her limb to a flexible condition. I placed her on her back on a bed, the legs and thighs extending beyond the foot of the bed. In this position, I seized the perpendicular limb, and, with my whole strength and weight, broke through the adhesions, and brought the thigh into line with the body. On her first attempt to walk, she fell backwards; but in a few minutes recovered her balance, and, without any other remedy, could walk as well and as uprightly as at any time of her life.

## Medical and Surgical Reporter.

PHILADELPHIA, NOVEMBER 23, 1867.

S. W. BUTLER, M. D., &amp; D. G. BRINTON, M. D., Editors.

## NOTICE TO SUBSCRIBERS.

From the 1st of January, 1868, we shall strictly enforce again, our old rule requiring payment in advance. For reasons given some years since, pre-payment has not been insisted upon—but the circumstances of the country are now such that we feel warranted in again requiring it.

Those who have not yet paid for the current year, will please remit immediately. There are several thousand dollars due on current subscriptions, which must be paid soon to insure a continuance of the *REPORTER* to the delinquents. The amounts are insignificant to subscribers, but the aggregate is large enough to be embarrassing to us.

## THE LATE DR. ANDREW J. SMILEY.

This young and talented physician has passed from among us so silently and quietly that, although several weeks have elapsed since the sad event, few of his professional brethren are probably aware of the circumstance. His death was sudden and unexpected. After a slight indisposition of a few days, indicative of softening of the brain, he was seized with a violent attack of apoplexy, followed by loss of speech and paralysis of the right side of the body, which terminated his valuable life in less than forty-eight hours.

Dr. SMILEY was born in the neighborhood of Columbus, Ohio. The exact date of his birth is not known, but at the time of his death he was nearly forty years of age. After attaining his majority he matriculated at the Starling Medical College, from which he received his degree in the spring of 1853. The following winter he spent in this city in attendance upon the lectures in the University of Pennsylvania, and at the close of the session was rewarded with the honors of that Institution. He now opened an office, and entered upon the active duties of his profession, encountering the usual difficulties incident to the life of a young physician, in a strange city, without patronage or friends. He was, however, industrious and persevering, and soon succeeded in obtaining a good business, which became eventually quite extensive, if not lucrative. During the last few years of his life few practitioners in this community were more actively engaged in the daily rounds of their duties than he. Great energy of character, a ready skill in diagnosis, and an honest, conscientious devotion to the interests of the sick, added to great courtesy and

kindness of manner, were the chief attributes of his mind. He had a capacious brain, and a generous heart, which prompted him to attend alike to the poor and the rich, the former of whom seemed always to be objects of special regard with him. He was universally beloved and extremely popular with his patients, not a few of whom wept bitterly at the announcement of his death, for they felt not only that they had lost a skilful medical adviser, but a warm personal friend, ever ready to minister to their wants, and to sympathize in their affliction.

Dr. SMILEY was a great reader, often sitting up until a very late hour at night, and thus frequently depriving himself of the requisite amount of sleep and relaxation. He had gathered around him an excellent library, and was well posted in the current medical literature of the day. The consequence was that his mind was well stored with knowledge. It was the good fortune of the writer of this brief notice to meet Dr. SMILEY frequently in consultation, and he can never forget the punctuality, the courtesy, and the readiness which he evinced upon such occasions. His diagnosis was never at fault, while his practice was generally sound and discriminative. A wife and a son, eight years old, remain to lament his loss.

G.

## A COLLEGE OF SPECIALISTS.

We, and probably a large minority of the medical profession, have received a circular containing the information, that instruction in certain branches of medical knowledge is furnished by specialists in Boston this winter. The circular reads as follows:

## "Special Instruction in Medical Science.

"In compliance with the desire of the profession, as indicated by the resolutions of the Convention of Teachers at Cincinnati in May last, unanimously endorsed by the American Medical Association at its subsequent meeting, that the standard of medical education in this country should be raised and its limits extended, the undersigned have associated themselves together for the purpose of giving instruction in their respective departments to advanced students and to physicians who may be desirous of fitting themselves for special practice.

"It is thought that this action will be appreciated by those intending to visit Europe, who can do so to better advantage after mastering the details of a special department, as well as by those who are unable to go abroad and are yet anxious to avail themselves of every opportunity of reaching the same plane with their more fortunate neighbors. There seems little reason why much the same instruction cannot be afforded at home that is now sought in Europe, and

sought to so little purpose by those unacquainted with foreign languages.

"It is thought, also, that there are many general practitioners who will be glad to refresh their memories after years of engrossing labor.

"The courses will be delivered during the winter term of the Medical College, at such hours as will not interfere with the collegiate curriculum.

"At the summer session it is intended, with the assistance of additional instructors, to cover the whole range of legitimate specialties."

Then follows a list of instructors, with their titles and signatures attached. One is a "Pupil of SIMPSON, of Edinburgh;" another a "Pupil of ARLT, of Vienna;" a third a "Pupil of LANGENBECK, of Berlin;" a fourth a "Pupil of BLOXAM, of London;" and so on down the page:—the residences of these medical Gamaliels being carefully added, lest they should be mistaken for some American physicians of the same name, we suppose.

The cause of medical education is one in which we have as deep an interest as any one. Any movement to elevate and improve the standing of our profession always has found and always will find hearty recognition in this journal. But there is something about this movement with which we cannot fully sympathize.

In the first place the circular *conveys the impression* that an institution of this kind answers the ends of the resolutions in reference to medical education adopted by the Convention of Teachers at Cincinnati in May last, and tacitly assumes that such a College of Specialists would be unanimously approved by the American Medical Association. The latter point we seriously doubt; the former we have very good reason for believing is not the case. The Association, indeed, in its general action since its foundation, has been opposed to movements of this kind, the tendency of which is to cultivate and foster specialism. The Teachers' Convention met to concert means precisely to do away with the necessity of regularly educated physicians needing any such subsequent instruction. What is a college of specialists but a mental infirmary for neglected educations?

What we want in America is higher general education for physicians, a curriculum which itself elevates the student "to the same plane with his more fortunate neighbors." And why this parade of great European masters? Is it any particular credit to a man to have listened to HEBRA or SIMPSON, or to have *hospitirt* in the lecture-room of LANGENBECK? This is cheap distinction. If by a "Pupil" is meant a regularly articled student in the office of these great physicians, then how many of the dozen odd gentle-

men whose names figure in this circular have any right to the title? How many of them have done more than pass a semestre or two, warming their feet in the wards of the hospitals of Vienna or London? Granting that they are entitled to the honor, if honor it be, of being a learner under a distinguished teacher, is it not an implied slur on the profession in America, this boast of foreign instructors? Are there no shepherds but in Arcadia? Are there not surgeons in America as skilful as LANGENBECK, as sure of hand as ARLT, as graceful as NELATON?

The talk of going to Europe to perfect oneself in medicine is chiefly cant. Certain hospital facilities are greater (and this only on the continent), the practice is generally behind hand, especially in France and Italy, and as for diagnosis, it is not a whit superior to what can be witnessed daily in New York, Philadelphia, or Boston. We speak of what we know, and testify to what we have seen.

A good, preparatory, general education; a careful training in the dissecting room, the pharmaceutical laboratory, and the hospital wards; and a searching examination at the end of the college course; these are the desiderata in the matter of medical education in this country, and not opportunities to gain a one-sided knowledge in special branches.

## Notes and Comments.

### Cold Comfort.

A correspondent, of the homeopathic persuasion, writes us as follows:

"The remarks of the editors of the *Times* and *Tribune*, with regard to the recent foolish action of the New York Academy of Medicine, were printed in one of our local papers. I mailed one hundred copies to homeopathic physicians in this and other States, requesting the republication in local papers. Another homeopathic physician mailed one hundred and fifty copies. We are aware of the aid you are rendering us in developing and strengthening public sentiment in our favor."

We are very willing that our friends of Hahnemannic tendencies should extract all the pleasure they can out of the action of the Academy. But, verily, it seems to us, that what gratification they get from it, must be in quantities as infinitesimal as their own doses!

**ERRATA.**—In Dr. BANNING's article in the REPORTER of Nov. 9th, page 398, second column, 13th line from top, for *partial* read "pulmonary circulation." Same column, 15th line from bottom, for *breakwater*, read "backwater."

condition." Same column, 18th line from bottom, for *tuberculous* those, read "those tuberculous."

On page 394, first column, 17th line from top, for *partial*, read "pulmonary circle." Same column, 18th line from bottom, for *enumerated*, read "enunciated." Same column, 15th line from bottom, for *efforts*, read "effects." Same column, for *demonstrative*, read "undemonstrative." Same page, 2d column, 18th line, for *perdict*, read "predict."

## Correspondence.

### DOMESTIC.

EDITORS MEDICAL AND SURGICAL REPORTER:

Permit me to answer your question in the REPORTER for Nov. 2, as follows, "Is Dr. BLACK unaware that the greater the difference between the day's maximum and the night's minimum temperature, the greater is the dryness of the climate? That the atmospheric moisture is *always greater, the less* the diurnal thermometrical oscillations?"

I am unaware that what is here stated, is "*always*" so, and expect to remain in the same state so long as the figures of meteorologists and my own observations compel me to. Not to multiply words, turn we to the Results of Meteorological Observations, Smithsonian Institute Register, vol. i., 1859. Selecting at random a single station from eight States, it is easy to ascertain the mean diurnal fluctuations of temperature for, say June, July, August, September, and the mean ratio of aqueous vapor in the atmosphere, in parts of 100, this figure representing complete saturation.

PLACE.	TEMPERATURE.	HUMIDITY.
	Mean diurnal oscillations for 4 mos.	Mean diurnal ratio of humidity, 4 mos.
Burlington, Vt.....	8.4	69.6
Philadelphia, Pa.....	10.7	66.7
Larissa, Texas.....	14.2	71.8
Westerville, Ohio.....	13.5	73.8
Detroit, Mich.....	12.5	62.2
Augusta, Ill.....	13.2	76.2
Dubuque, Iowa.....	11.5	60.9
Columbus, Miss.....	14.5	76.0

Furthermore, every experienced observer knows that the "difference between the day's maximum and the night's minimum temperature" is greater in a valley than on the adjacent hills in calm clear days and nights, and that the saturation of the valley atmosphere with moisture is also *greater*, not *less*, as you, Messrs. Editors, have it. Finally, I must confess my inability to understand what is meant by a negative elementary law in meteorology. But a discussion on the meteorological laws of humidity is irrelevant to the truth or falsity of the theory proposed, atmospheric moisture playing but an insignificant part, save only in extreme instances. The only

real, and I claim, unfair issue is, does "some idea" mean "equivalent"? I, of course, say nay.

J. R. BLACK, M.D.

Newark, Ohio.

[Since to initiate a controversy about a question of fact is unphilosophical, it will be enough in answer to the above, to quote the following passage from the Rev. A. J. T. MORRIS' *Treatise on Meteorology*, (p. 42.)

"The dryness of a day depends on the difference between that day's maximum and the previous night's minimum temperature. If the night's minimum and the day's maximum be nearly equal, the air of the whole day will approach nearly to complete saturation. So it appears that dryness depends on cold nights being followed by warm days."

Such must be the case, of course, as might have been argued *a priori*. Whether or not it is relevant to Dr. BLACK's theory, others may judge, but it seems to us that it is.—EDS.]

### Chronic Diarrhoea.

EDITORS OF MEDICAL AND SURGICAL REPORTER:

I was much interested in the cases of chronic diarrhoea, reported by Dr. IRA CANFIELD of Lock Haven, Pennsylvania, and the comments by the editor of REPORTER.

I have a case of diarrhoea now in my practice, of four years duration. The patient is a girl of twenty years; *apparently* in good health, but has suffered from diarrhoea almost incessantly for four years. No motion of bowels during night. Somewhat similar treatment to Dr. CANFIELD's was pursued, but of no avail. I attributed the cause to the place of residence, but a removal of the family proved this incorrect. The diarrhoea continued as usual, after living a short time with the family, in a different section of country. The family consisted of mother, sister, and the patient in consideration. Being very desirous to see my patient cured, I took her into my own house as a boarder, and thus if possible learn the cause of her disease. I gave her no medicine, and to my surprise she reported herself well from diarrhoea after being with us three days. She remained well the whole time—being six weeks—until she again lived at home, when soon she was in statu quo.

I advised her to board with a relative who lived close by, which she did, and soon her diarrhoea ceased.

After being from home four weeks she returned, and very soon the diarrhoea also returned. She has left home a number of times since for a short time, and the result is always the same—no diarrhoea.

